



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

[www.board.co.la.ca.us/blc](http://www.board.co.la.ca.us/blc)



### MEMBERS

**STEVEN AFRIAT**  
*PRESIDENT*

**RENÉE CAMPBELL**  
*VICE-PRESIDENT*

**SARA VASQUEZ**  
*SECRETARY*

**JAMES BARGER**  
*COMMISSIONER*

**SHAN LEE**  
*COMMISSIONER*

March 13, 2012

Xiwen Shan  
Day & Day Foot Massage

### **HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138480**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 28, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

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### MEMBERS

STEVEN AFRIAT

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SARA VASQUEZ

*SECRETARY*

JAMES BARGER

*COMMISSIONER*

SHAN LEE

*COMMISSIONER*

February 8, 2012

Xiwen Shan  
Day & Day Foot Massage

### **HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138480**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, February 15, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language**. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

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Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff

473  
NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

**CUSTOMER CODE : Z 91085**

**NEWSPAPER :.....SAN GABRIEL VALLEY TRIBUNE**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....01/26/2012**  
**2<sup>ND</sup> PUBLISHING DATE:.....02/02/2012**  
**3<sup>RD</sup> PUBLISHING DATE:.....02/09/2012**

**REPRINTS ORDERED: NONE**

**NOTICE ON HEARING TO CONDUCT**

**MASSAGE PARLOR-GENERAL**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

**ADVANCE PROOF REQUESTED**

**ADDRESS OF PREMISES:.....15865 E. GALE AVE**  
**HACIENDA HEIGHTS, CA 91745**  
**NAME OF APPLICANT:.....DAY & DAY FOOT MASSAGE / XIWEN SHAN**  
**DAY & DAY FOOT MASSAGE**  
**DATE OF HEARING:.....02/15/2012**  
**TIME OF HEARING:.....9:00: A.M.**

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD  
RELATIVE THERETO”**

**OFFICE OF THE COMMISSION:**

OFFICE OF THE COMMISSION  
500 W. TEMPLE STREET RM. 374  
LOS ANGELES, CA 90012

**RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **15865 E GALE AVE, HACIENDA HEIGHTS, CA 91745**

TELEPHONE: **(626) 968-7890**

OWNER OF BUSINESS: **XIWEN SHAN**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **DAY & DAY FOOT MASSAGE**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	11/21/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	06/08/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	11/16/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/21/11	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	10/13/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/26/12	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/21/11	

Conditions:

BASIC LICENSE NO. **5910**

DATE **01/19/12**

IDENTIFICATION NUMBER **138480**





Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 138480

**BUSINESS INFORMATION**

Type of Business: <u>Massage Parlor</u>	Address of Business: <u>15865 E GALE AVE HACIENDA HTS. CA 91745</u>	
DBA (Business Name): <u>DAY &amp; DAY FOOT MASSAGE</u>	Business Telephone: <u>(626) 968-7890</u>	
Sellers Permit # (State Board of Equalization):	Mailing Address: [REDACTED]	
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

**APPLICANT INFORMATION**

Applicant's Full Name:	<u>XIWEN SHAN</u>
Home Address:	[REDACTED]
Home Telephone:	[REDACTED]
Driver's License or State ID#:	[REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height <u>5-11</u> Weight <u>140</u> Hair Color <u>BLK</u> Eye Color <u>BRN</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 5/9/2011 Applicant's Signature: [Signature]  
Application taken by: \_\_\_\_\_ Date: \_\_\_\_\_



SC



→ COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
REVENUE & ENFORCEMENT DIVISION  
BUSINESS LICENSE SECTION

TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>TH</sup> FLOOR, ROOM 1360  
LOS ANGELES, CA 90012

FROM: BUSINESS LICENSE SECTION  
225 N. STREET AVE., ROOM 109  
LOS ANGELES, CA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: 5/9/11

REPS 201100164  
ID# 138480

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 15865 E. Gale Ave

CITY: Hacienda Heights, LA ZIP CODE: 91745

NAME OF OWNER: Xiwen Shan

D.B.A. / NAME OF BUSINESS: Day & Day Foot Massage

MAILING ADDRESS: [REDACTED]

EXISTING USE: New ☒ Renewal ☐

USE PERMITTED IN ZONE: ☒ APPROVED  
USE NOT PERMITTED IN ZONE: ☐ DENIED

REMARKS: Approved per RPP 201100621. Must comply with the conditions. Each massage therapist or practitioner providing massage services must be state licensed by California Massage Therapy Council and must maintain that certification at all times. Any person providing massage services must post a valid CMTA certificate on-site. The massage business must cease operation and obtain a CMTA if certification has not been obtained, or any of the massage therapists/practitioners fail to obtain new certification by the expiration date, or the certification is revoked. The massage business must obtain and maintain a business license and each therapist/practitioner may need to get a business license.

SIGNATURE: [Signature] DATE: 10/13/11

FH:fh

DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, ROOM 1360  
HALL OF RECORDS  
LOS ANGELES, CALIFORNIA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 15865 E GALE AVE, HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 968-7890

OWNER OF BUSINESS: XIWEN SHAN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAY & DAY FOOT MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: 

DATE: 9/7/11 11/18/11

BASIC LICENSE NO. 5910

DATE 05/10/11

IDENTIFICATION NUMBER 138480

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

911-00659  
Ben

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 15865 E GALE AVE, HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 968-7890

OWNER OF BUSINESS: XIWEN SHAN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAY & DAY FOOT MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT  
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

B. Garcia

DATE: \_\_\_\_\_

12-12-11

BASIC LICENSE NO. 5910

DATE 05/10/11

IDENTIFICATION NUMBER 138480

DR



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

ERI  
FS-43

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 15865 E GALE AVE, HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 968-7890

OWNER OF BUSINESS: XIWEN SHAN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAY & DAY FOOT MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BASIC LICENSE NO. 5910

DATE 03/10/11

IDENTIFICATION NUMBER 138480

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

ERI  
FS-43

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 15865 E GALE AVE, HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 968-7890

OWNER OF BUSINESS: XIWEN SHAN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAY & DAY FOOT MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT**

**LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BASIC LICENSE NO. 5910

DATE 05/10/11

IDENTIFICATION NUMBER 138480

626 839 6189 P.01  
COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

5/10/11

54

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 15865 E GALE AVE, #D-E, HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 968-7890

OWNER OF BUSINESS: XIWEN SHAN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAY & DAY FOOT MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

E.S.G. Sub #13  
Not in ENHIS

8245-006-020

PUBLIC HEALTH  
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved for body & foot  
massage, all violations abated  
on 12-13-11. [Signature]

SIGNATURE:

[Signature]

DATE:

12-13-11

BASIC LICENSE NO. 9910

DATE 08/25/11

IDENTIFICATION NUMBER 138788